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ABSTRACT

The role of the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) in accrediting educational programs is examined in this paper along with the level of involvement of two-year colleges in accreditation and the processes and outcomes of accreditation. First, the paper looks at the representation of two-year colleges on three accrediting review committees: (1) the Joint Review Committee for Radiography, of which 3 of 6 board members are from two-year colleges; (2) the Joint Review Committee for Respiratory Therapy, of which 8 of 13 members are two-year college representatives; and (3) the Review Board of NAACLS, of which 25% of the members are from two-year institutions. The paper then discusses the volunteer nature of accreditation, pointing to the high percentage of qualified individuals who are unwilling to participate in the process and stressing the importance of volunteers in peer review and self-regulation. Finally, the paper explores the process and outcomes of accreditation, examining selected requirements of associate degrees, problems in compliance with standards related to outcomes, and the high percentage of programs which do not receive accreditation. (LL)

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LEVEL OF INVOLVEMENT AND OUTCOMES MEASUREMENT IN TWO-YEAR INSTITUTIONS SPONSORING ALLIED HEALTH PROGRAMS

by

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Forum On Accreditation of Two Year Institutions
Panel Presentation
February 12, 1983

For those who aren't familiar with me or the accrediting review body that employs me as its senior most staff person, a few introductory facts might help to establish our framework for dialog.

My professional life began as a medical technologist and I spent more than 11 years working in a hospital setting at the bench, then as head of a hospital-based, baccalaureate level program, and finally as Lab Supervisor of a 510 bed community hospital in suburban Philadelphia. After 5½ years on the university campus as a Department Chairman helping to build a School of Allied Health, I was daring enough to put aside a tenured faculty position to enter the world of staff to accreditation activities. My work as a surveyor/program director had made me known of some to the people on the search committee who put forward my name.

Now beginning my 8th year in this role, I'm either a glutton for punishment or a wide eyed eternal optomist who really believes in the value of peer review and self-regulation.

The National Accrediting Agency for Clinical Laboratory Sciences (better known as NAACLS) cooperates with CAHEA in the accreditation of four levels of educational programs preparing personnel for the clinical laboratory world. You'll hear more about some of NAACLS unique characteristics as I progress.

#1 What is the Level of Involvement of Two Year Institutions In Accreditation?

But before I present my data on the involvement of representatives of two year institutions in the accrediting process, I need to know a little more about you. I recognize some folks in this room who are serving on accrediting commissions or are representing a review committee. To the rest of you, I have a few questions.

Please raise your hands if you can answer YES.

1) How many of you have taken the opportunity to write either CAHEA or the respective review body about draft Essentials circulated for comment?

2) How many of you have attended a hearing or public forum where draft Essentials were being discussed or reviewed?

3) How many of you have read the Standard Format for Essentials published in the CAHEA Allied Health Education Directory?

3a) How many of you having read this Standard F[illegible], have written to CAHEA if you felt the content was appropriate or in[illegible]opriate?

3b) How many of you are aware that any revision of Essentials is supposed to utilize this Standard Format as the framework for new accreditation standards?

4) How many of you have taken an active part in the self-study of a program on your campus?

5) How many of you have served as an on-paper reviewer of a self-study done by another institution and written up an analysis of this review for the joint review committee requesting your volunteer services?

6) How many of you have gone on a site survey to another institution's program?

6a) How many of you have written to a review body indicating your willingness to be a site surveyor?

To everyone

7) How many of you have served, or are currently serving, as a member of the committee or board of a review body?

7a) How many of you have ever written to the appropriate nominating body or jrc staff indicating your interest in serving in such a capacity?

Your responses demonstrate the degree to which the participants of this meeting have participated in programmatic accreditation at two year institutions.

In preparation, for my presentation, I had hoped to give you data about representation by people from two year institutions in all the review committees under CAHEA. Alas, in turning to the Allied Health Education Directory, where all members are listed, there is no indication of affiliation.

So, I must restrict my data to the three largest review committees covering the clinical laboratory sciences, radiography, and respiratory therapy. Between these three there are a total of 2230 of the 3000 programs under CAHEA covering the full range from one year post high school through the baccalaureate degree.

The Joint Review Committee for Radiography currently has 900 accredited programs with 347 of these being at the associate degree level. This JRC does not have a defined policy specifying a predetermined number of representatives from two year institutions. Currently, 3 of the 6 Board members are from two year institutions.

The Joint Review Committee for Respiratory Therapy programs has a total of 400 accredited programs based in 360 sponsoring institutions. Half of the programs (200) are at the technician level. 260 of the 360 sponsoring institutions are community colleges. While there is no specified policy for committee composition, currently 8 of the 13 JRC members are from two year institution settings.

The purview of the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) encompasses four program levels from one year post high school Medical Laboratory Technician-Certificate and Histotechnician programs, thru Medical Laboratory Technician-Associate Degree to baccalaureate degree Medical Technologist programs. Currently, NAACLS has 930 accredited programs. 169 of these are at the MLT-AD level and 70 are at the MLT-C level. We are also currently processing another 43 associate degree programs.

NAACLS has three Program Review Committees with the MLT Programs Review Committee responsible for the substantive review of both certificate and associate degree Medical Laboratory Technician courses.

This 9 member committee is composed of 3 pathologist, 3 medical technologists, 2 educator generalists from 2 year institutions, and 1 MLT practitioner. Currently 7 of these 9 people are employed by or associated with two year institutions including 2 pathologists, 3 MTs, and 2 educator generalists.

The governing board of NAACLS is called the Review Board. The composition of this board is specified in the agency's Bylaws. Four of the current members are associated with or a recent graduate of two year institutions. This 1/4th representation parallels the number of programs in two year institutions as compared with our total number of accredited programs.

Digging further into NAACLS data for the associate degree level MLT programs, we currently have a site surveyor potential pool of 388 people; 183 of them are Medical Technologists working as program officials in 2 year institutions, 179 are pathologists Medical Directors of 2 year programs, and 26 are Allied Health Directors/Deans at two year institutions.

From July 1, 1981 to June 30, 1982, we completed 79 site surveys. We had to contact 421 people to construct these 79 teams with an average number of contacts per survey of 5 different mailings to two different people before a team was completed.

Among the 223 Medical Technologists contacted, the acceptance rate was 68%. 16% did not respond and 16% declined our request.

Among the 164 pathologists contacted, the acceptance rate was 23%, 37% did not respond to our letter, and 40% declined our request.

Among the 34 educator generalists contacted, the acceptance rate was 56%. 12% did not respond and 32% declined our request.

After receipt of the self-evaluation report and before the site survey is conducted, NAACLS has an on-paper analysis/review done of the self-evaluation report. This review is done by a program official, allied health educator or pathologist from another two year institution located in another part of the country. We call this review "a critique" and the people who volunteer to do this review are "critiquers". Our current pool of such volunteers include 55 Medical Technologists, no pathologists, and 2 educator generalists - a total of 57 people out of 169 accredited programs or 35%.

When all 169 programs were polled this past summer another 53 (including 45 Medical Technologist and 9 educator generalists) said they were unwilling. 59 programs sent no response to our inquiry.

Accreditation is carried out by volunteers - people who give hours, days, and weeks of their expertise without consultant pay to make accreditation work. The people who do on-paper reviews of documents, who conduct the on-site surveys, who write the report of these surveys, who serve on all the various decision making committees, commissions or boards are all volunteers. Accreditation is a peer review process. Program officials of accredited programs, faculty members, academic administrators, practitioners, recent program graduates, employers of graduates and representatives of the general public - these are the volunteers who make accreditation work. They do all this volunteer work in addition to their full time schedules and, for many, full time already means 50 - 60 hour work weeks.

The full time, employed staff of accrediting agencies provide the liaison - the glue that holds the system together. Such staff also fulfill a time keeper role by establishing reasonable deadlines for a response on materials sent to a volunteer and prodding the volunteer when the deadline hasn't been met. Since these volunteers aren't paid, finding other motivational keys to getting the task done is a constant challenge. Accreditation would cease functioning tomorrow if all this volunteer effort had to be achieved by paid staff.

Somehow the biggest complainers have lost sight of the concept of volunteerism. The ones who scream the loudest about slowness of the process are also the ones who say NO when asked to help conduct an on-site survey or work on a committee. These people have not fathomed the reality that a little time given by many people would get the task accomplished so much more quickly than having it done by the faithful few, plugging along for hours. It takes hours and days to read the volumes and reams of paper generated by the accreditation review process.

At the umbrella level, there are guidelines for CAHEA composition (as John showed yesterday). Currently 2 of the 14 members of CAHEA are employed at two year institutions.

Going even more broadly to the Council on Postsecondary Accreditation Board, I could detect only one of the 15 COPA Board members as being employed by a two year institution.

I leave to you to determine the level of actual participation by two year institutions in accreditation activities in this country and possible reasons for any perceived lack of participation.

#2 Why the heavy emphasis on process, rather than outcomes in accreditation?

My understanding of the educational circle process is to start with goals, objectives and competencies to be achieved. From this point one plans the learning experiences taking into the account the needed resources to make learning possible. Then one constructs instruments to measure achievement of learning. And lastly coming full circle, one evaluates accomplishment of the goals, objectives, and competencies to see if they have been attained/achieved.

My perception of the accreditation process is that all aspects of the learning circle are reviewed. Hopefully the program does this during the self-evaluation process. And certainly NAACLS does this during our external review.

Using as my focus the associate degree level Essentials and programs under review between July 1980 through March 1982, we find some rather interesting statistics. During this time frame NAACLS has looked at 150 MLT-AD programs including 76 renewals and 74 initials. Our validity and reliability study of the Essentials shows that more programs were unable to document compliance with the two accreditation standards related to outcomes, than any other standards.

1977 MLT-AD Essential #3 reads:

"3. Validation of attainment of clinical laboratory skills expected of graduates upon job entry shall be required from graduates and employers."

28 times this Essential was cited.

Paralled with Essential 3 is Essential 28/29 on the program's plan for program evaluation which read:

"28. The effectiveness of the educational program must be documented through periodic review of all aspects of the program.

29. Records of scores on external certifying examination(s) of graduates from the three preceeding years must be considered in the self-evaluation review."

This Essential was cited 38 times.

Thus 66 times in 150 programs reviewed, we were unable to verify compliance with the two key Essentials that call for outcomes validation to show achievement of the program's goals. The program could not demonstrate that the graduates had the career entry level competencies the program supposedly planned for them to possess.

Next in frequency, cited 60 times in 150 programs reviewed, was Essential 15 which reads:

"15. Directors and education coordinators must document participation in cources in education and/or continuing education programs which are acceptable to the CAHEA and have been shown to provide adequate and appropriate training in the area of curriculum design and teaching techniques. Teaching faculty members shall be qualified to teach the subjects assigned.

The faculty must have adequate and appropriate training in the area of curriculum design and teaching techniques. A planned program for continuing education, including educational methodology, for institutional faculty and all instructors in the clinical area must be provided."

53 programs of 150 were cited for problems with curriculum structure (Essential 26). 50 programs out of 150 had citations related to a lack of qualified faculty and/or program leadership (Essential 13).

In 34 programs out of 150, there were citations relative to adequate physical facilities, or resources to support adequate learning. In 26 programs, the educational institution was not carrying out its responsibilities to assure appropriate curriculum content, to coordinate of all instruction, to maintain the academic standards of the program, to carry out appropriate evaluation systems for measuring student learning, and to properly supervise the clinical learning experiences (Essential 2).

In 22 programs the medical technologist Education Coordinator carrying the brunt of the instructional load was either over loaded, stretched too thin for the job to be done, or unqualified by lack of experience and educational expertise to do the task expected of this position.

And since I know everyone believes that every program gets accredited, let me give you a few more facts from the last 5 meeting cycles from February 1981 through last weekend (February 1983).

In Winter 1981, 2 of the 13 initial programs were given Accreditation Withheld. There were no negative actions in the summer of 1981. In Winter 1982, 6 of the 30 initials were given Accreditation Withheld. In the summer of 1982, 5 of the 25 initials were given negative decisions and the two appeals from the winter cycle were upheld. In last week's meeting there were 4 negative actions out of 20 initial programs and the one appeal from the July meeting was upheld.

I would be delighted to hear other people's ideas about putting more emphasis on assessing outcomes in the accreditation process. So far I have not seen or heard of effective mechanisms for this change of focus and I've attended several sessions at national accreditation conferences on outcomes measurements.

As out evaluation instruments become more sophisticated and precise, it is very conceivable that a shift in this direction is possible. This topic clearly provides an exciting challenge for the accrediting community and accredited programs alike.

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